

Vermont's Vision for People who are Dually Eligible

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Vermont's Main Goals

- Improve care
- Improve outcomes
- Manage costs



- VT is currently a Medicaid Managed Care Entity
- In addition, VT proposes to become a Medicare Managed Care Entity (MCE)



Relevant History in Vermont

- Global Commitment 1115 Waiver
 - Choices for Care 1115 Waiver
 - PACE
 - My Care



Who are the People?

2008 data (data source: HP)

- 22,000 people, including...
- 94% of 'employed people with disabilities'
- 93% of people served in Choices for Care (not including 80% of Moderate Needs Group)
- 67% of people served in CRT
- 65% of people served in TBI
- 64% of people served in DS
- app. \$560 million expenses (\$333m Medicaid, \$227m Medicare)



Process

- Contract from CMS to design demonstration model
- Coordination with DAIL, Blueprint, DVHA, Health Reform
- Ongoing stakeholder meetings
- Consumer survey (Market Decisions)
- Consumer focus groups (Finch)



We intend to succeed by:

- Integrating Medicaid and Medicare services
- Providing person-centered services
- Providing more flexibility to people and providers
- Integrating with Blueprint for Health (health homes, payment reform, evidence based practice, outcomes)
- Having multi disciplinary teams, community care teams
- Providing incentives to providers



Financing

- VT would received Medicare funding from CMS
- Combine with Medicaid funding
- Operate as one budget
- ***STATE BEARS THE RISK**



Medical Services will remain outside the bundled rate:

- Inpatient and outpatient hospital care
- Skilled nursing facilities
- Physician office visits
- Pharmacy
- DME



Full integration includes:

- Nursing
- Personal care
- Supports
- Crisis services
- Care coordination
- Housing
- Public benefits
- Therapies
- Employment
- Mental health



INTEGRATED SERVICE PROVIDERS

- Integrated service providers would receive a PMPM based on a case mix system (not yet developed)
- People and providers will have more flexibility in what services can be purchased



Incentives would include:

- Providing high quality person-centered care for less than the PMPM
- Administrative savings: reduce duplicate/crossover claims to both Medicare and Medicaid
- Share of savings from reduced emergency department, hospital, nursing home, pharmacy, and other costs (percentage to be determined)



Share of savings would be used to reinvest in improved or expanded services or infrastructure

- OTC medication
- Co-pays
- Dentures
- Preventive care
- Information Technology
- Provider payments
- New Services



Examples of Changes

- 3 day hospital stay to qualify for nursing home
- More inclusive criteria for hospice
- Homebound rule for home health
- Pharmacy: integrate Part D Coverage into Medicaid Formulary
- Align Medicare and Medicaid rules



Enrollment

- Automatic enrollment with easy opt out
- Design a program everyone wants to join
- Add benefits and incentives
- Keep choice of physician
- Allows funding of new services sooner



Outcomes

- Customer Satisfaction
- Clinical Outcomes
 - Blueprint
 - MDS
 - OASIS
- Social Indicators
 - Community involvement
 - Employment
 - Stable Housing
- System outcomes
 - Emergency Department
 - Hospital
 - Nursing home
 - Pharmacy



Other key features

- Flexibility
 - Provide greater flexibility in services, both for consumer & provider
 - Consumer directed options/self management
- Peer Managed Supports



Contact Information

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